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ORIGINAL DEPARTMENT.

LECTURE.

CLINICAL LECTURE.

Delivered in Bellevue Hospital Medical College,

BY PROF. LEWIS A. SAYRE.

[Phonographically reported by William A. George.]

GENTLEMEN:—The first case I show you today is a little girl who was here three weeks ago with chronic inflammation of the ankle joint, caused by a fall on the pavement some months previous. When we first saw her, as you will remember, she was suffering the most intense pain, it being almost impossible to carry her around, even in your arms, with the greatest care, without inflicting intense suffering.

You will remember, at that time I strapped

upon her foot an extension instrument, to remove pressure from the diseased parts, and which consisted of a steel plate or sole; a rod or bar running from the heel of the instrument up the back of the leg; a stirrup or cross-bar over the instep, from which runs another rod or bar, to near the top of the tibia, anteriorly. These two rods are connected at the upper ends by a steel band or collar, which can be clasped around the leg. The rods are double, one running within the other, and one being supplied with cogs, which can be worked with a ratchet and key, and by which means the rods can be extended, both in front and rear. [See Fig. 1.]

FIG. 1.



Its mode of application is to place the foot on the steel sole, with some felt, cotton, wool, or cloth between the foot and the sole, for the purpose of absorbing moisture, and strap it firmly in its place with strong adhesive plasters, being careful in applying them to have the strip passing round the heel to go only to the malleoli on either side, and these short strips can be retained in their places by a piece going around behind the heel and over the instep. Over these strips of adhesive plaster it is well to apply a roller for additional security. The foot having been thus secured, strips of adhesive plaster, an inch in width, and the entire length of the leg, are then placed around the limb, commencing just above the ankle, and secured by a roller up to the length of the instrument, leaving a few inches of the plasters loose above the roller, for the purpose of being reversed over the collar of the instrument. The rods are then brought up with the collar and locked, and the ends of the adhesive straps are reversed over the collar and secured by a roller. The key is now applied to the ratchet on either side, front and rear, and the instrument gradually extended until pressure on the bottom of the foot produces no pain. [See Fig. 2]

FIG. 2.

After having extended her limb with this instrument, I opened, as you remember, the joint very freely, and gave exit to that peculiar gelatinous material which you find connected with disease of the joints, filled the wound with Peruvian balsam, and drew this seton of oakum

through the sinuses. I then applied a wad of oakum around the joint, and firmly secured it with a roller, so as to compress the parts to support the circulation.

The child was then taken home, where she remained free from pain and perfectly comfortable for several days, the mother, in the meantime, having dressed the wound daily. But on Friday she began to suffer, and for two nights this continued, when she was again brought to me. I discovered that the opening was not sufficiently free, there still being a "pocket" which had not been laid open, and which was filled with pus. This was slit open, the wound redressed, and, although I have not seen the child since then until to-day, the mother says she has been perfectly free from pain, slept and ate well, and now, as you see, is able to walk on the foot when the instrument is properly extended.

There is one remark, made by the mother, to which I wish to call your attention: "Since the pain left the child, she began to eat." In a recent work upon the treatment of affections of the joints, extension and counter-extension are strictly prohibited, giving for a reason that such a plan of treatment "is only palliative to pain, and not curative, but actually injurious as a treatment."* Well, I don't think anything but nature cures disease, but it is our duty to put the patient in such a condition that nature can do the work successfully; and for this purpose what is, what can be, more necessary than the alleviation of pain?

Excision of the Ankle Joint.

CASE II.—This little child, you will remember, was brought to us about two weeks ago with a disease similar to the one just considered, but further progressed, there being a number of sinuses leading to dead bone, which have been discharging for nearly a year.

Our treatment at the time, as you remember, consisted in slitting up the sinuses with a probe-pointed bistoury, peeling out of the periosteum a number of pieces of dead bone, and then putting the joint up in plaster of Paris, leaving windows behind and on either side of the dressing, into which we pressed wads of oakum.

We will now remove the dressings and see her condition.

In the first place, gentlemen, note the general appearance of the child; even in the short space of two weeks she has improved wonderfully.

* "Orthopædia," by James Knight, M.D.

Her appetite has returned, she is free from pain, and she sleeps well. We find upon this oakum, which has been around the joint for two days, scarcely any discharge, and the wounds present a healthy aspect.

I now redress the joint by pressing oakum in the spaces left in the plaster of Paris by a roller, and, putting her on the floor, you see she walks to her mother without evincing any pain. After nature has filled with new material the space left by the removal of necrosed bone, and after there is no further discharge of pus, indicating that the disease has been checked, the plaster of Paris will be removed, for the purpose of making passive movements, either by the application of the extension instrument, if necessary (which allows of movement), or, if no pain is caused by pressing the parts together, permitting her to walk without any extension whatever. There is no use of the extension if there is no pain upon pressing.

CASE III.—A little girl, seven years old, with hip disease. Now, while she is running around here, I want you to tell me upon which limb she wears the instrument. You cannot do it? Well, nor can I. However, we will strip her and see. Three months ago she came here, as you recollect, suffering the most agonizing pain, anaemic, emaciated, and with such rigidity of the muscles of the joint as to simulate ankylosis. We applied extension with the splint, and yesterday I saw her for the first time since the dressing. I told her to call here to-day, when we would examine her, and, if necessary, readjust the instrument.

In taking off the dressings in this child we find them, as in numerous other cases which have been before you this winter, exactly in the same position where they were placed three months ago, and which is still another proof (if proof were necessary) that the plasters applied for the attainment of extension and counter-extension do not have to be removed every few days, as is stated by those who do not know, or are incapable of learning, how to adjust them properly.*

In our examination of the parts, we find no pain. I bring her limbs parallel with each other, and both of them to the table, without tilting the pelvis. I make motion in every direction—flexion, extension, adduction, abduction, rotation, and, with a severe blow upon the

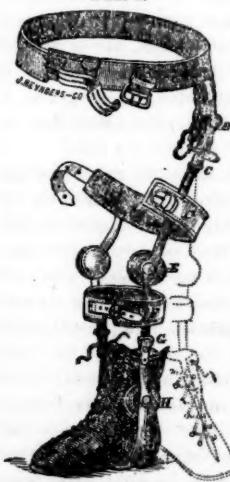
* Taylor on the Mechanical Treatment of Hip-Joint Disease, page 23.

foot, producing such a concussion as would have caused her to cry out with the exquisite pain three months since, and still there is now, as you see, no complaint. But, gentlemen, how feeble are my words in defence of this treatment, when compared with the silent teachings conveyed to you by the condition and appearance of these little sufferers themselves, as they are brought to your notice day after day. Contrast, for instance, the child that was here last Wednesday, where the treatment consisted in blistering and mercury, without extension. What but agony could torture the features of that little innocent child into such horrid shape, could call the hectic spot to her cheek, and take from the plump and rounded form its symmetry. And yet men say that to relieve pain is *only* palliative, not curative.

You must excuse me, gentlemen, for bringing so many of these cases before you, but while distinguished authorities (so called) continue to prate about the disadvantages of extension and counter-extension, as applied in this room, I feel it necessary, yea, my duty, to show the effects of that treatment which it has been my endeavor to teach you, and, giving you all the facts, let you decide for yourselves.

CASE IV.—Here we have a case of congenital club-foot (I had hoped we were done with talipes), in a young man of eighteen, a resident of Vermont. He has been operated upon several times, but so far, as you see, without success.

FIG. 3.



a difference of three inches in the length of the feet.

While he is being anæsthetized I will describe to you the last improvement which I have made in my club-foot shoe. It embodies a principle upon which I have been thinking for several

years, and which at last has been admirably carried out by Mr. Rynders, of 309 4th avenue. In many cases of club-foot there is a tendency to rotation of the entire limb inward, and that tendency, heretofore, we have been unable to combat, from the want of a rotary force which would take its point of motion from the acetabulum. This instrument [see Fig. 3] supplies that deficiency, and consists, as you see, of an iron rod, jointed, of course, at the ankle, knee, and hip, which extends from the shoe to a belt surrounding the pelvis. Just below the joint at the hip, the shaft is divided into two parts, and at which point there is placed an endless screw transversely to the shaft, which is worked by this key, and which rotates, as you see, the foot completely outward. It is the application of the same principle which you have seen me use in my hip-splint, in those cases which have been permitted to get well with the deformity of adduction and inversion of the foot. [The patient being anæsthetized, the Professor performed the operation spoken of above, and dressed the foot with a board and plasters, in his usual way.]

Fibrous Ankylosis of the Knee.

CASE V.—I bring this patient before you, gentlemen, for two reasons: 1. To show the practical importance of mechanical appliances for the correction and cure of deformity and disease; and, 2, to prove that an instrument, if properly applied, can remain upon a patient for an extended period of time, sufficient to accomplish a marked improvement to the patient, and without subjecting the surgeon to daily or frequent changes of the dressings.

This boy was brought to this institution at the very commencement of the session (those of you who were here at that time will recollect him well), over five months ago, and, as his father has told you, almost dead. He had suffered for four years with what was termed "white swelling of the knee joint, due to scrofula," and when he came here was reduced to a mere skeleton, and had ankylosis of the knee, with luxation of the tibia backward, and rotation outward.

I put him under chloroform, and straightened the leg, and then applied this instrument [see Fig. 4], which consists of two collars, one to clasp around the leg, just above the malleoli, and the other around the thigh, connected by two bars. These bars are each formed of two pieces, which are made to slide one within the other, and are controlled by a ratchet and key.

Of the collars, the lower one is firmly fastened to the bars and has no motion, while the upper one is fastened loosely, thus giving to it an antero-posterior motion.

In order to apply it, you first encircle the limb, from the ankle to the knee, and from above the knee to the groin, with adhesive straps. Then clasp the collars around the limb the same as a lady would her bracelets, and reverse the ends of the adhesive straps over the collars of the instrument. [See Fig. 5.] In reversing the plasters over the upper collar care

FIG. 5. should be taken to overlap the anterior and posterior strips at the same time, so as to avoid pressing one of the edges of the collar against the thigh. The strips having been all reversed, are secured by a roller, and extension is made by the ratchet and key until no pain is felt upon concussion.

In order to overcome the subluxation of the tibia backward, bandages are passed over the femur and under the bars of the instrument, thus forcing the femur backward, and to press the tibia forward the bandages are passed under the tibia and over the bars from within outward. And, finally, to reduce the excessive congestion of the knee joint, it must be firmly strapped with adhesive plasters.

Five months ago I applied the instrument, as above described, and it remained in that position until night before last (up to which time, as the father states, he had no pain whatever), when a portion of the attachments gave way.

The boy, as you see, has greatly improved; in fact, looks as strong and rugged as any boy, and has nearly recovered. As there is still pain in the joint, however, when I press the ends of the bones together, he still requires the instrument, and will be benefited by its use.

Before closing this lecture, gentlemen, I must say that to Mr. Rynders great credit is due for the admirable manner in which he has constructed this instrument. It has been on this child for over five months, and all its joints and parts are

as perfect and free from rust as the day it was put on.

[The instrument was readjusted, as above, and the boy walked out of the room, suffering no pain.]

COMMUNICATIONS.

APPARATUS FOR FINDING THE AMOUNT OF CO₂ IN A GIVEN ATMOSPHERE.

BY I. GILBERT YOUNG, A.M., M.D.,
Of Philadelphia.

Early in February I received an appointment as Sanitary Inspector of the Public Schools of the Eighteenth Ward, Philadelphia. The questions to which I was requested to reply pertained mainly to the subjects of heating, ventilation, character of desks used, postures of the children, and the cleanliness of the various buildings. These queries were generally of easy solution, with a single exception, and that was:—Give “the percentage of CO₂ in the air” of each room examined.

Now, even to a practical *chemist*, I think, the accurate obtaining of the proportion of carbonic acid gas in a given atmosphere involves considerable difficulty; but to me, only a general practitioner, the question was, for a time, a poser. Of course, I had theoretical notions how the affair should be conducted, but to get at an accurate, practicable, and at the same time, inexpensive method, “there was the rub.”

After consulting all the authors on the subject I could find, and conferring with chemical professors, Rogers, Bridges and Drown, I finally adopted the following described apparatus, as a result of a careful culling of ideas from all sources. Of course, nothing original is claimed for it, except its adaptation to a present emergency:—

First, in order to obtain a sufficiently large known quantity of air for examination, in each experiment, I had a wooden box or tank accurately made, water-tight and air-tight, of exactly 10,000 cubic inches content, its dimensions being 20×20×25 inches. It was provided with side-handles, for easy transit, and being placed on four legs, its top was raised a sufficient height from the floor to serve as a table for the placing of the other apparatus used. This box, or *aspirator*, was provided with the following open-



ings:—On the top, an inch and a quarter conical aperture for filling, by means of a large funnel, the tank with water, and a smaller opening furnished with a stop-cock and a vertical quarter inch copper tube, 7 inches long. At the bottom of the aspirator, an opening for emptying the same, with stop-cock and a goose-neck tube, for preventing the entrance of air in that direction.

On the top of the tank were placed a Wolfe's bottle, containing the decarbonizing solution used, being connected on one side by means of glass and rubber tubing, with the vertical copper pipe leading to the tank, and on the other side, with a chloride of calcium drying tube.

Prior to performing my experiment, I had my assistant fill the aspirator with water, its contents being exactly twenty buckets, of the size I used. Promptly on the hour, daily, which was in each building, always at 11 A. M. and 3 P. M., I made the necessary attachments, corked the filling aperture, opened the upper cock, and placing a receiving bucket under the lower one, opened it also, and thus set the apparatus going. The air of the room entering the calcium tube, was deprived of its moisture, and then bubbling through the solution in the Wolfe's bottle, gave up its CO_2 , and, finally entered the tank. After the water had run out one-half, or to the extent of 5000 cubic inches, the experiment was concluded, that amount of air being considered sufficient to give appreciable results.

I at first filled my Wolffian bottle with a perfectly clear preparation of liq. calcis, made and kept at or below 60° Fahr. For convenience, however, I soon substituted for this a saturated solution of caustic baryta, which was very sensitive and more quickly prepared. For analyses of the air made in a laboratory or where accurate balances can be at once used, I should prefer the use of strong solutions of caustic potash or soda, in Liebig's potash tubes, as decarbonizing means, but in experiments made in different places, as school-houses, where immediate weighing facilities are not at hand, I have found from experience that the potash tubes are liable to loss, and therefore inaccurate.

At the close of my experiment, the turbid, carbonated contents of the bottle were carefully filtered, through previously-weighed Swedish filters, and after drying carefully weighed again, to hundredths of a grain, on one of Treemner's Analytical Balances. From the increase of

weight thus obtained, by a couple of simple chemical calculations, the relative amount of CO_2 , in a given quantity of air examined, was approximately estimated.

In a future brief article, I hope to give, in figures, some of the results of my observations, in various school-buildings.

THE SOLUBILITY OF BILIARY CALCULI WITHIN THE GALL BLADDER.

BY RALPH S. GOODWIN, M. D.,
Of Thomaston, Ct.

In number 894 of the MEDICAL AND SURGICAL REPORTER, published April 18th, 1874, appeared a communication from Dr. E. Burd, of Iowa, in which the writer expresses his belief that certain substances, such as Durande's mixture, which consists of sulphuric ether and turpentine (three parts of the former to two of the latter), as well as chloroform and ether used separately, when taken into the stomach, are capable of exerting a solvent action on biliary concretions already formed in the gall bladder.

In support of his theory, the Doctor relates the case of a patient who was evidently much benefited by taking Durande's mixture, claiming for it a solvent action on the concretion already formed, or in the process of formation, in the gall bladder.

Not long since, in a paragraph coming from a London medical periodical, and going the rounds of the medical press in this country, it was claimed that a clergyman of England, who had suffered from gall stone colic very many years, was finally permanently cured by the solvent action of chloroform taken persistently, in five drop doses, *ter die*.

Now these statements show that there is a fascination about this solvent theory of the action of medicines on gall stones, notwithstanding its absurdity, which it is difficult for the medical mind to resist.

I desire to say a few words in refutation of this theory, since I have had a little experience in cases of this kind.

A few years ago I had the fortune to encounter a very obstinate case of cholelithiasis, in which, contrary to the general rule, I had succeeded in catching upon a sieve, at different times, a number of the concrements, establishing the diagnosis. Not being at that time very certain as to the impossibility of the solution of gall stones by medicines, and having failed by

other measures to control the cholelithic diathesis, I determined to give the solvent medicines a trial.

I gave my patient, who was a woman of sixty years, fifteen drops of chloroform three times a day, and succeeded in inducing her to continue its use for three months, notwithstanding that during that time an attack of gall stone colic occurred nearly every week. I then tried the succinate of iron, as recommended by Dr. T. H. Buckler, with the same object in view, but without satisfactory results; and finally I persuaded her to try the nauseating mixture of Durande, according to rule, for a period of several months. This also was accompanied by no good results, except a larger collection of gall stones with which to experiment; and so I became extremely skeptical as to the solvent power of medicines on biliary calculi. I then made a few simple experiments with the gall stones which I had saved. I threw one of them into an ounce phial filled with chloroform, and though the specimen weighed only five grains, it required thirty-six hours to dissolve it completely.

Chloroform will dissolve a biliary calculus of any chemical variety, but it does not follow readily that it can be introduced into the blood in sufficient quantity to effect a solution of a concretion immersed in bile in the bottom of the gall bladder, or lodged in a gall duct.

Another experiment was this: I procured, on one occasion, a human gall bladder half full of bile, having carried it away from an autopsy. I weighed one of my specimens of gall stones, and dropped it into the bile contained in the bladder. I then dropped into the same thirty minimis of pure chloroform, tied up the bladder, agitated it, and hung it in a secluded place. At the end of ten days, I took out the specimen and weighed it. It had gained somewhat, rather than lost in weight, owing to its hygroscopic qualities. I then replaced it and added one drachm of pure chloroform. In fourteen days I took it out and weighed it again and found it had not lost weight. The chloroform had evaporated in both cases, leaving no odor behind. There was no appearance of erosions on the gall stone. I had intended to try Durande's mixture in the same way, but was prevented by evidences of putrefaction in the bile.

Now, I reasoned thus: if a teaspoonful of chloroform, which is the greatest dose possible for any person to take habitually into the

stomach, would not dissolve a gall stone of very moderate dimensions when dropped directly into a gall bladder containing bile, outside of the human body, it would certainly be a wild stretch of fancy to expect it to do so when diluted through eighteen or twenty pounds of blood, and distributed all over the body, with a certainty that not more than the hundredth part would ever reach the vicinity of the gall bladder. I do not claim, of course, that this experiment was entirely conclusive, since it was conducted outside of the body, and, therefore, the conditions were not the same as in the living body. But the conditions would be, theoretically, more favorable outside the body, as in the experiment, than during life. For we are not certain but that chloroform and ether undergo some sort of decomposition in the process of digestion, so that they do not appear in their full integrity in the presence of the gall stone. It cannot be claimed that these substances are cumulative in the system, so that by repeated and prolonged exhibition they may finally exist in sufficient quantities to produce a solvent action. They are evanescent and volatile, and speedily find their way out of the blood by the kidneys, lungs, etc.

The same arguments will hold in regard to Durande's remedy. In the year 1806, Thenard read before the Academy of Sciences, at Paris, a paper, in which he showed the impossibility of the solution of gall stones by Durande's method. I will quote from "Thudichum" (page 81), what he says on this subject:—

"At a temperature of 32° R., the ether in the mixture must separate from the oil of turpentine, and evaporate. The mixture, moreover, could only be taken in moderate doses, and even when taken in large doses, no part of it could get into the gall bladder, or at least so small a quantity that its solvent power could not be taken into account."

After expressing his disbelief in the solvent action of medicines on gall stones, Mr. Thudichum himself says (page 86):—

"I have used the mixture of Durande in some instances, and have always had some difficulty to prevent the patients from continuing it, for an undue length of time. For I had found what I remember to have seen recorded as the result of the experience of others, that when the mixture is used improperly or too long, or even according to rule, it is apt to cause inflammation. In one of my cases, where it was taken

for years, the chronic inflammation of the liver and neighborhood of the gall bladder appeared to have been produced, or at least greatly aggravated by this mixture, or by the turpentine which it contains."

Von Niemeyer says (vol. i, page 705), "the fact that ether and oil of turpentine dissolve biliary calculi placed in them, does not justify the hope that they will dissolve any concrements in the gall bladder, if they be introduced into the stomach. Hence, if Durande's remedy has a favorable influence on the conditions induced by gall stones, as we must suppose it has, from the recommendations of numerous and good observers, this can only take place in some way which is entirely unknown to us."

Prof. A. Flint, in his work on practice of medicine (page 438), says, "it seems, however, absurd to suppose that these or other remedies can be introduced into the system, so as to enter into the composition of the bile largely enough to dissolve the cholesterolin, of which mainly biliary calculi are composed. And it is evident that clinical proof of the success of remedies given for this end cannot be obtained, since, in general, the existence of calculi within the gall bladder is not ascertained prior to their passage into the intestine."

Now in the face of such authority and cogent reasoning as this, is it proper that we should still stick to the old theory of the solubility of gall stones by medicines? And should we, in proof thereof, adduce cases from our practice, which happened to get well in spite of the "dissolving treatment?"

MEDICAL SOCIETIES.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Dyspepsia.

BY J. W. P. BATES, M. D.

In the discussion of this subject, I propose to omit all diseases in which indigestion is merely a symptom, all cases in which organic structural change can be discovered in the alimentary canal, as well as those acute attacks known as bilious, and the so-called gastric fever. The question, therefore, is limited to the chronic form of functional dyspepsia. "Dyspepsia is a chronic disease. By this, I mean that its natural path is straight on from bad to worse, unless from the interposition of some extraneous circumstances of accidental or designed origin, foreign to the phenomena of the disease itself."

So says Chambers, and I do not suppose many physicians will be disposed to differ with him.

The symptoms of dyspepsia may be local or sympathetic. The most prominent local symptoms are, a feeling of discomfort, sometimes amounting to severe pain, a variable time after eating, nausea, anorexia, a feeling of tension, eructation of gas, regurgitation of acid or acrid matter, pyrosis, cardialgia, vomiting, etc. One of the symptoms most frequently complained of, is a sensation of choking from the presence of a ball in the throat. It corresponds precisely with the *globus hystericus*, but is usually unaccompanied by any other hysterical phenomena, and is met with in a large proportion of cases. In some cases, there is decomposition of food and evolution of fetid gas. The bowels are usually costive, sometimes they are loose, whilst in some cases there is an alternation of diarrhoea and constipation. The sympathetic symptoms are, more or less languor, mental inactivity, gloomy foreboding, palpitation or irregular action of the heart, dry rough skin, vigilance, capricious appetite, and cold extremities. Many persons who apply for relief imagine that they are suffering from some incurable disease of the brain, lungs, or heart, and it is only after considerable questioning that you can obtain any account of the digestive organs. They look upon the uneasiness felt in the abdomen as a result of what they consider the true disease, and are by no means pleased to have you leave the prominent symptoms, for the investigation of such a small subject as that of digestion.

A few months since, a clergyman from the country, who had been under treatment for some time, applied to me for relief. He was firmly convinced that his brain was seriously affected, and that insanity would be the result. Upon inquiry, I was led to believe that indigestion was the sole cause of his trouble, and gave him strychnia, and other tonics, which afforded complete relief. He thought I was trying an experiment, and that he ran great risk of being poisoned, but as he got well, his fears were of no moment.

Digestion being a compound process, dyspepsia may be produced by any cause which produces derangement of any of the different stages of changing food into chyle. For the proper performance of the function, there must be proper quality and quantity of food; sufficient mastication and insalivation; active contractility of the muscular coat of the stomach, and proper quality and quantity of the gastric, pancreatic, and biliary fluids.

The principal causes of dyspepsia are: excess in eating and drinking; too little food; anæmia; anxiety and depression; change of habits, as from an active to a sedentary life; over-work, fatigue, etc. In regard to anæmia, it may be both a cause and an effect of dyspepsia.

The treatment may be divided into the dietetic, the mental and the medicinal. In regard to the diet, there are no rules suited to all cases, but the individual experience in each

case must be the guide. Our object is to improve the tone of the organs by a judicious regulation of the diet, and gradually educate them up to the point of attending to the function without producing discomfort.

"Patients and doctors both make a great mistake in shunning absolutely all that causes pain or inconvenience. They ought to consider whether the thing shunned is, or is not, essential to high health; if it be so, every effort should be first made to get it borne without pain; where that goal cannot be realized, wisdom and duty will often guide us to submit to the pain, for the sake of the accompanying advantage."

"I do not think that we profit much from those off-hand advisers who suppose they accomplish everything by forbidding the use of the sort of food which produces the symptoms. Neither in the indigestion of the vegetable, animal, oleaginous, or watery articles of diet, does this restore health. A short repose, and abstinence from unnecessary excess in the indigested dishes, is, doubtless, wise. But that abstinence must not be complete and final. The temporary repose may be accomplished, often, by a change in the mode of preparation of the articles which cause most inconvenience. There is an advantage in not mixing too much the animal and vegetable food. In a weak stomach they interfere with one another's digestion. In the indigestion of animal food it will be found to be generally the form, rather than the chemical constitution of the aliment against which the stomach rebels" (Chambers, on the Indigestions).

The habits of life should be regulated, and exercise in the open air insisted upon, in all persons whose occupations are sedentary. In ordering this exercise we will be compelled to find some means of occupying the mind, or else it will dwell on every morbid sensation, and the walk or ride will be rendered useless, on account of the continual brooding.

The medicinal treatment of dyspepsia is said, by authors, to be of less value than the dietetic and mental, but in general practice, it is what we have to rely upon most fully. Nearly all articles of the *materia medica* have been used at some stage, and we cannot wonder at it, when we consider the many troublesome symptoms to which we must give relief. To state the treatment in general terms, almost all cases require tonics at some stage of the disease. Of these, the most reliable are quinine, iron, strychnia, the mineral acids, and the bitter vegetable tonics, as calumba and gentian. To relieve pain and discomfort, we can use belladonna, conium, and bismuth. Excess of acid is best neutralized by lime-water or magnesia. For the vomiting, creasote, oxalate of cerium, etc. Gastric fermentation may be checked by brandy, and the various aromatic spirits, and the flatulency and tympanitis require carminatives, stimulants, tincture of the essential oils, aromatic powder, charcoal powder, etc. If the attacks result from over exertion, carbonate of

ammonia, with compound tincture of gentian, or extract of gentian, may frequently relieve. From a general view of the subject, I think we can arrange most of the cases under one of three heads:—

1. A general want of secretion, particularly of the gastric glands, characterized by loss of appetite, dryness of the mouth, and discomfort after eating. The treatment is small doses of ipecac, regulation of the bowels, pepsin, bitter tonics, nitric acid, etc.

2. Secretion in excess, accompanied by vomiting, cardialgia, and nervous excitement, sometimes diarrhoea. Treatment. hydrocyanic acid, bismuth, conium, bitter vegetable extracts, nitrate of silver, etc.

3. Accompanied by the generation of gas, carminatives, absorbents, tonics and remedies, as soda sulphis, to prevent putrefactive change.

As for the special articles which are sometimes difficult of digestion, I can only mention a few classes. Pancreatin or pancreatic emulsion can be used when fat is not digested. In indigestion of water, when from anaemia, use iron; when from heart disease or emphysema, a mercurial purge. Starch and sugar, charcoal, bismuth, soda sulphis, etc. Albumen and fibrin; pepsin. In all cases use tonics, as iron, quinine and strychnia. When pepsin is indicated, I think it is useless for the physician to expect any beneficial results from the wine, or most of the elixirs in the market. Where the powder cannot be procured, I have seen very good effects from the use of the lining membrane of the gizzard of chickens, washed and dried, and used after meals. It is superior to any wine of pepsin I have ever used.

NEW YORK PATHOLOGICAL SOCIETY, STATED MEETING, February 10th, 1875.

Dr. Delafield, President, in the chair.

Poisoning by Aconite and Chloroform.

Dr. Blake related the case of a young woman, aged twenty, who took a mixture of one drachm of tincture of aconite root and chloroform. He saw her fifteen minutes after the poison had been taken. Her respiration and pulse had ceased, and she was in a condition of semi-death. The stomach pump was immediately used, and the greater portion of the poison was thus evacuated. The battery was applied, and both the respiration and pulse responded to its stimulus. Its use was continued, and half oxygen gas and half atmospheric air administered for three consecutive hours, with the effect of maintaining the respiration and pulse. The patient recovered after the protracted electrical stimulus.

Dr. Blake said that the prolonged action of the poison made this a remarkable case. There was complete stasis of the blood, and the cuticle came off readily by rubbing any portion of the body. The urine was examined, and contained a large quantity of albumen and fragments of

casts. Four days later it was again examined, but no albumen was found nor casts seen.

The question arises, did this condition of semi-death induce that temporary condition of the kidneys, or were they the seat of chronic disease? It is maintained by some, that chloroform, when administered, produces desquamation of the uriniferous tubules.

In answer to the president, as to the character of the casts, Dr. Blake said that he thought they were epithelial, though he had not examined them carefully.

The president said that the point of interest in this case, was the state of the kidneys. He thought that the action of the poison was enough to produce a venous congestion of the kidneys, inasmuch as it had caused stasis of the blood of the surface of the body, and that the desquamation was not due to chronic disease.

Dr. Blake said that the specific gravity of the urine was never less than 1024, and even rose to 1028.

Malignant Stricture of the Oesophagus—Adenoma of Breast.

Dr. Erskine Mason presented a specimen of cancerous growth of the oesophagus, with the following history:—

A man, aged fifty-three, was admitted to the Colored Home, in October, 1874. He had always enjoyed perfect health, until two months previous to his entering the home, when he began to lose strength. Two weeks before admission, he began to experience a difficulty in swallowing, especially solid food, which, when taken, would meet with an obstruction at a point opposite the upper portion of the sternum, and he would immediately eject it. Liquids he could swallow, but with great difficulty. A bougie of the size of No. 18 of the urethral scale was introduced, and became arrested in its course by an obstruction situated at a distance of eight inches from the teeth; it then deviated to the right, and passed through. Frothy blood and mucus were ejected after the operation. A diet of milk and beef tea was ordered. At the end of a week, Nos. 5 and 6 oesophageal bougies were introduced, after which raw oysters were swallowed, but with great difficulty.

His strength gradually failed, and he died shortly afterward. Some aphonia was present. He felt no pain at any period of the disease, but on the day previous to his death he complained of pains all over his body.

Autopsy.—Three inches above the pylorus, a mass was seen involving the anterior portion of the oesophagus, measuring five and a quarter inches in circumference and four inches in length. It was nodulated, of a white color, moderately vascular, and traversed longitudinally by a channel. The tumor was given to Dr. Arnold for microscopical examination.

The other specimen presented by Dr. Mason was one-half of the right breast, which was removed from a patient in Roosevelt Hospital. An unmarried woman, aged thirty-two, had always

enjoyed good health. She never received any injury of the breast. Eight years ago she had noticed a circumscribed hardness of the right breast, which gave no further trouble, until four years after, when it began to grow rapidly. On examination, the tumor was found to be movable. The nipple was not retracted, and the skin of the breast not discolored. There never was any lymphatic enlargement. She experienced no pain until a few months ago, when she would occasionally feel a slight twinge at the seat of the tumor. The patient applied to the hospital on account of the weight of her right breast. Dr. Mason regarded the tumor as an adenoma. He replied in the negative when asked by Dr. Sayre if the patient who suffered from the oesophageal stricture had ever injured the parts by swallowing fish bones. Dr. Mason said that when stricture of the oesophagus was caused by injury, the stricture was annular, and did not involve a large amount of tissue. The president stated that in these cancers, ulceration generally occurred, but that process had not taken place in the present case.

With regard to the adenoma of the breast, he said that it belonged to a class of tumors which consist almost entirely of fibrous tissue. In the normal tissue a few acini and cysts are buried, the whole mass being separable from the skin. On account of their structure they are not malignant.

Aneurism of the Descending Portion of the Arch of the Aorta.

Dr. Leale presented a specimen of aneurism of the descending portion of the arch of the aorta, which ruptured into the oesophagus, and was taken from a man aged 31, who during life complained of rather vague symptoms, the most prominent one being headache. The temporal arteries were resistant and pulsated strongly. General atheroma of the arteries was diagnosed. He had circumscribed bronchitis, and was very anaemic. He suddenly died of hemorrhage, the immediate cause of which was rupture of the aneurism, the result of violent exercise, such as striking his chest with great force, etc., on the evening previous. There was no aphonia present.

Autopsy.—The post-mortem examination showed an aneurism of small size, situated in the descending portion of the arch of the aorta, which had ruptured into the oesophagus. It contained layers of fibrin superimposed upon each other.

The thoracic duct was pressed upon by the sac, which accounted for the anaemia of the patient. The bronchi, just below the bifurcation, contained mucus. The stomach was filled with blood.

The president said that small aneurisms rupture more frequently than large ones.

Dr. Leale stated that no diagnosis of the aneurism was ever made, though the patient had been examined by many physicians. This was owing to the fact that the descending por-

tion of the aorta is so deeply situated, and in this case the aneurism was of small size.

Pericarditis and Hypertrophy of the Heart—Cirrhosis of the Liver.

The president presented two specimens; the first one being a hypertrophied heart and inflammation of its pericardium; the second one was a cirrhotic liver. The history of the first case was as follows:—

A woman, aged 27, entered Roosevelt Hospital on the 27th of January, 1875. Five days before admission she was taken sick. On examination a systolic murmur was heard, and pericarditis was diagnosed by the house-physician on duty. On the following day a double friction sound was heard, in addition to which bronchial respiration and dullness over both lungs posteriorly were detected; double pneumonia was accordingly diagnosed, besides the pericarditis. Toward the last the patient became cyanotic and delirious, and died.

Autopsy.—On opening the thorax there was a bulging of the pericardium, which extended above to the first rib. This bulging, however, was not due to the effusion of serum, but largely to an actual thickening of the pericardium itself and to the deposit of a layer of fibrin upon its parietal and visceral surfaces, also to an enlargement of the heart. The pleural cavities contained serum. The lungs were edematous, congested and non-aerated, but were not pneumatic. The liver was congested and enlarged, extending above to the fourth rib. The spleen and kidneys were congested. The other organs were healthy.

The peculiarity of this case was the suppo-

sition of the existence of pneumonia. The bronchial respiration was due to compression of the lungs by the enlarged heart and liver, and to the pleural effusion.

The second specimen was taken from a man, aged 56, who was admitted to Roosevelt Hospital on December 4th, 1874. He had been addicted strongly to the use of alcohol, and had enjoyed fair health, though occasionally suffering with dyspepsia. Four and a half months before death he had had typhoid fever, which left him in a debilitated condition. When he entered the hospital his abdomen was immensely distended with fluid and his legs edematous. He was tapped on January 26th, and the operation was repeated on February 5th. He died a few days later.

Autopsy.—The post-mortem examination showed a diminution in the size of the liver, which weighed only two pounds. It was smooth, instead of being nodular, as is generally found in cirrhotic livers. The capsule was not much thickened. Its surface presented an increase of fibrous tissue and surrounding small groups of acini. The hepatic cells were not diseased; some of them were not more fatty than would be found in a normal liver.

The president said that nodulation in cirrhosis of the liver depended on a destruction of the liver cells, which was contrary to what is taught, that it is due to the contraction of the connective tissue newly formed. This form of cirrhotic liver, as exhibited by the specimen, he said, was seldom met with, though the clinical history was the same as that characterizing ordinary cirrhosis.

EDITORIAL DEPARTMENT.

PERISCOPE.

Why is Phthisis an Apex Disease.

This question is answered in the London *Medical Times and Gazette*, by Dr. Green, as follows:—

In comparing the pulmonary changes which are produced by the bronchial secretion in a case of capillary bronchitis in a child, with those which constitute phthisis, we are, however, met by this difficulty, that the seat of the pulmonary consolidation differs in the two cases. Whereas the simple broncho-pneumonia which results from a capillary bronchitis is most marked in, and often exclusively confined to, the lower portions of the lungs, the consolidation of phthisis almost invariably commences at the apices. The explanation of this difference involves the explanation of the fact that phthisis is *par excellence* an apex disease. On this sub-

ject we can, I believe, at present be little more than hypothetical. We are still unable to explain how it is that an acute croupous pneumonia occurring in a healthy person almost invariably originates at the extreme base of the lung. Aufrecht attempts to account for the situation of phthisical consolidation by stating that the expiratory power of the apices is not so great as that of the lower portions of the lungs, and that, consequently, inflammatory products which have accumulated in the smaller bronchi and air-vesicles are less readily removed by expectoration from the former than from the latter situation. Whether this be so or not, there can be no doubt that clinically we often find, in cases of simple bronchial catarrh occurring in debilitated subjects or in those suffering from acute diseases, that the moist and dry râles persist at the apices for some time after they have disappeared from the lower portions of the lung, and in some cases the physi-

cal signs are even confined to the apices without there being any evidence of phthisis. In attempting to explain the peculiarity in the situation of phthisical consolidation, it must, at all events, be admitted as possible that the upper portions of the lungs are those which are especially predisposed to disease.

Hygiene of Incurable Heart Disease.

The following advice on this subject is given by Dr. C. M. Durrant, in the *British Medical Journal* :—

The first that will present itself to our minds will be the careful avoidance of sudden and hurried motion. Nothing is so likely to cause sudden death in advanced heart-disease as this. Hurrying to catch a train, attempting to walk rapidly up hill, especially in the face of a strong wind; dragging or lifting weights, and many other movements which will occur to the medical attendant to interdict, must be sedulously avoided by the patient. In cases of regurgitant aortic disease and great thinning of the ventricular walls, as well as in fatty degeneration of their structure, this injunction will be doubly necessary. I believe that prolonged traveling by train may be highly prejudicial, and tend to a fatal termination by exhausting nerve-force. I have seen two cases of sudden death follow upon a railway journey, which I could only explain in this way. Both were subjects of advanced valvular disease.

Another very necessary precaution, and one not to be neglected by the patient without the greatest hazard, is the avoidance of partaking at any one time of a large distending meal, even though the food taken be of an easily assimilable character. This is a fruitful, but not a sufficiently recognized, cause of sudden death in heart-disease. This senile syncope, as it has been called, may be generally traced to the filling the enfeebled stomach beyond its power of disposing of its contents. Undigested food, acting as a foreign body, irritates the stomachal nerves; and thus, irritation being reflected upon the cardiac nerves, they in their turn fail to influence sufficiently the coronary vessels, and hence the cardiac syncope, and, if not relieved, fatal termination. In all cases of organic heart disease, the meals, let it be remembered, should be small in quantity, of easy assimilation, and of frequent repetition; so that the heart may be pressed upon by a distended stomach, on the one hand, or its due supply of nerve-force exhausted by prolonged abstinence, on the other.

Cold liquids, if taken in excess, and especially if quickly followed by exercise, and more particularly if this exercise be up an ascent, are very likely, by exciting nerve-irritation, to produce cardiac syncope and sudden death. In these days of almost universal tea-drinking, and at all hours, it requires some courage to inveigh against the popular custom; neither is it my intention to do so, beyond a few observations bearing upon the especial subject under our consideration. I think that the discrepancy in

the minds of medical men in regard to the effects of tea, and the diametrically opposed opinions which are so freely enunciated, are much to be deprecated. Tea acts chiefly as a nerve-stimulant, and, when taken in moderation as to quantity, and not too strong, it can in no wise be injurious in heart-disease. When taken under these circumstances, it exhilarates and restores, and may often well supply the place of alcohol, with its subsequently depressing and intoxicating effects. With some persons, it should be remarked, tea will be found to act as a powerful nerve-irritant, amounting almost to a poison, and producing cardiac feebleness, flatulence, irregularity of the heart's action, and the many nervous disturbances which we must all have witnessed, even if we have not in our own persons experienced its discomforts. In such idiosyncrasies, the use of tea and coffee must be strictly prohibited.

Another question arises, as to how far a patient laboring under serious heart disease should debar himself from sexual intercourse. I believe, as a rule, that it should be absolutely forbidden, especially in the more serious conditions of heart above referred to.

Characteristics of Phthisical Sputa.

At a meeting of the Birmingham Medical Society, Dr. Sawyer read a paper on this subject, and on the method and value of a microscopical examination. A paper on the examination of phthisical sputum appeared in the *Lancet* in 1868, and the method of procedure therein advised Dr. Sawyer had often found in practice to be most satisfactory. If we compress a portion of phthisical sputum on a slide, we can readily see, with a quarter-inch power, young and old cells, mucus- and pus-corpuses, blood-discs, "exudation-corpuses," etc., but such a plan will not readily show minute portions of pulmonary tissue, and these are the characteristic marks of the destruction of lung-tissue. Following Dr. Fenwick, he had found it best to slowly boil about two drachms of the sputum to be examined in a test-tube, with an equal quantity of solution of caustic soda, which destroys the ropiness. Mucus- and pus-corpuses are disintegrated; while fragments of less easily destroyed tissue, as minute portions of lung-tissue, fall to the bottom of the tube, and may be removed by a pipette, and placed on a slide for microscopical examination. We may find beautifully slender and curling fibrils of the yellow elastic tissue, or scraps of the smallest bronchial tubes, or shreds of the outlines of groups of air-cells. These are very attractive microscopic objects. In the field, at once may be seen the outlines of half a dozen groups of air-cells clearly marked, with traces of red blood-cells, and scattered portions of coal, or other hard and black insoluble matter. In cases of any doubt, the discovery of fragments of pulmonary tissue in the expectoration will furnish interesting confirmatory evidence of the condition of the patient.

Cases of Chronic Gastric Ulcer.

Dr. MacSwiney read a paper, reported in the *Irish Hospital Gazette*, detailing the history of four cases, presumably of this affection, which had lately been under his care, as well as that of a patient who, in some respects, presented symptoms closely resembling those of gastric ulcer, but which he believed to be of hysterical origin. The diagnosis of one or more ulcers in the stomach in the first four cases was founded upon the presence, in each instance, of the most important of the admitted symptoms of the disease; viz., pain, vomiting, derangement of digestion, and haematemesis (in one case only). All the patients, also, were females, and within the ages (fifteen and thirty years) at which the disease is most common. The menstrual functions were well performed in all; so that, as far as they went, these cases would not sustain the opinion that there was a direct relation between amenorrhœa and gastric ulcer. Dr. MacSwiney thought that this might be an aid to the diagnosis between the vomiting and pain in hysteria, and the same symptoms in gastric ulcer; menstruation being in the former class of cases gravely deranged, but not, in his experience, in the latter. Gastric ulcers were now generally supposed to be due to a local stoppage of the circulation, consequent upon disease of the gastric vessels, caused by a hemorrhagic necrosis. Possibly a local accidental injury, such as occurred in one of Dr. MacSwiney's cases, might, upon a rare occasion, be the primary cause of the disease. In the treatment of these cases Dr. MacSwiney enjoined rest in bed, and strict dietetic precautions. He gave opium internally, to allay pain; gallic acid, to arrest hemorrhage; and bismuth to arrest and cure the ulcerative process. Constipation was removed by aperient enemas, and a belladonna plaster always applied over the seat of pain. Dr. MacSwiney spoke highly of the efficacy of bismuth in ulcer of the stomach, and said that he believed the liquor bismuthi (Sacht) possessed "something approaching specific curative action in this disease."

Coxitis Treated by Rest.

The *Lancet* states that, according to Mr. Hulke, of the Middlesex hospital, diseased hip and knee-joints, a considerable majority of which are of the kind designated scrofulous, furnish by far the greatest number of cases of joint disease admitted into the metropolitan hospitals. Of 150 cases of joint disease taken into the Middlesex Hospital under the care of Mr. Hulke, forty-five were examples of coxitis and fifty-two of gonitis. Being for the most part a disease of early life, the great fatality of coxitis is made evident when the small number of adults bearing marks of former hip disease is contrasted with the large number of children suffering from it. When allowed to run its course without treatment it is very frequently fatal, and it is scarcely less so when inefficiently treated. Even of the survivors, how many are

there whose career is marred by a crippled, distorted limb, the result of neglect, or insufficient enforcement of the simple precaution of fixing the joint and keeping the thigh in such a posture as to secure the smallest possible loss of usefulness. It is too common to find in these persons the limb so shortened that their gait is painfully halting, and not unfrequently there is a high degree of adduction, with inward rotation of the thigh, which entails special inconvenience, especially in females. Yet, except in its advanced stages, coxitis is generally a tractable disease. In many cases in the early stages rest alone will often suffice to bring about recovery; but, unfortunately, the early symptoms too often fail to attract the attention they deserve. When cases are seen in the early stages Mr. Hulke adopts the practice of fixing the joint and limb by traction with De Morgan's apparatus. Generally in a short time there is so much improvement that the splint can be replaced by a gypsum spica bandage encircling the pelvis and carried down the thigh as far as the knee. If the precaution is taken to protect carefully all the bony prominences with cotton wool, and to make the bandage very strong at the groin (where it usually first cracks), it will not require shifting or renewal for several weeks. With this bandage the child may be allowed cautiously to leave his bed and move about a little. Ultimately a moulded leather splint is substituted for it. One great difficulty with which the surgeon has to contend is the want of sufficient care on the part of the parents, who cannot be too strongly impressed with the necessity of long watchfulness, and of the resumption of absolute rest should the slightest sign of a renewal of the mischief declare itself. It is not intended to place the measures here described in competition with the treatment with Sayre's splint, but the cost of this is generally beyond the means of the working classes, and it needs, too, a close supervision and regulation, any neglect of which destroys its efficiency.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Orthopaedia, or a Practical Treatise on the Aberrations of the Human Form. By JAMES KNIGHT, M. D., etc. New York, G. P. Putnam's Sons, 1874. 1 vol., cloth, 8vo, illustrated. pp. 364.

Dr. MCKNIGHT, who for many years has been connected with the Hospital for the Relief of the Ruptured and Crippled, gives in this volume a selection from his experience in the branch of surgery which he styles "Orthopaedia," a word not altogether correct in the wide sense he em-

ployes it. We may say, at the outset, that neither the style of the composition, nor the fullness of the illustrations, nor the literary finish of the book is quite up to the mark. Evident signs of carelessness in any and all of them were easy to signalize. But passing these by, we rather give our attention to the contents of the work. It has twelve chapters. The first two contain an inquiry into the origin of fetal malformations. Less weight is here assigned to maternal impressions than is usual, and the author finds most malformations explicable by malpositions of the fetus in utero. The treatment of talipes is next considered, in its various forms and their various stages. The shoes recommended are pictured, and the operations proper described. Infantile paralysis is next discussed, and stress laid upon the use of electricity as a therapeutic agent in it. Contractions of the hands, fingers and toes, lateral curvature of the spine, torticollis, rachitis, hernia, procidentia uteri, ectropion vaginalis, relaxed abdomen, varicose veins, bursæ, ganglions, diseases of the joints and bones, and necrosis, are studied in the order given. The concluding chapter is on "tonics, and their effect upon the system." They are defined as "excitants, having special tendencies to certain organic functions." Exhilarating influences, pure air, certain temperatures, cod oil and electricity are characterized as among the best tonics. Many useful suggestions are interspersed concerning the treatment of various diseases connected with the cachexia of malformations, such as scrofula, diarrhoea, ozaena, etc.

The Histology and Histo-Chemistry of Man; A Treatise on the Elements of Composition and Structure of the Human Body. By Heinrich Frey, Professor of Medicine in Zurich. Translated from the fourth German edition, by Arthur E. J. Barker, Surgeon to the City of Dublin Hospital, etc., and revised by the author. With 608 engravings on wood. New York, D. Appleton & Co., 1875. 1 vol., cloth, 8vo, pp. 683.

The value of Frey's Manual of Histology has been best attested by the fact that in a very few years it has not only gone through four editions in German, but has also been translated into French. Without entering with too much prolixity into theoretical views, it embraces a complete summary of the results of the microscopic study of the body. Commencing with a few pages on the history of this branch of

science, the author points to BICHAT as the first anatomist who appreciated the value of a study of tissues. "Child of a stirring time, urged on by the great philosophers of his day, he founded a system of histology which his immediate successors were unable to improve upon, for lack of newer methods of investigation." The new era in histology was ushered in by the construction of achromatic object glasses for the microscope. Taking advantage of this discovery, SCHWANN founded the science of *histogenesis*, the study of the origin of tissues. By him the cell was asserted to be the starting point of all animal structures. The latest research confirms this view. But the definition of a cell has been materially modified. According to our author, it is "a microscopically small, primarily spheroidal body, which often assumes, however, other forms, and which consists of a soft mass, including within it a peculiar structure (the nucleus)."

The cell is the primordial structural element of our frame, from which all tissues are built up. Previous to considering it, however, our author devotes some sixty pages to the "elements of composition of the body," the albuminoids, the fatty acids, the carbo-hydrates, the organic bases, the coloring matters, and the mineral constituents. After studying the cell, he proceeds to the tissues of the body, those composed of simple cells, then connective and composite tissues. The last 250 pages are on organs of the body, which, following Bichat, he divides into "organs of the vegetative type," and "organs of the animal group." The first category embraces the circulatory, respiratory, digestive, urinary and generative apparatus, the second the bony, muscular, nervous and sensory systems. The latest investigations in all these branches are faithfully reported, but not without criticism. For instance, we observe (p. 326) that he remarks, on the statements of Krause, Pfluger, and Boll, about the terminations of nerve filaments in glands, "We regret to be obliged to express our incredulity as regards the correctness of all these statements." Many extreme refinements of microscopical research merit equal skepticism.

The translator has done his difficult task well, and the publishers, in giving such liberal illustrations, have rendered the work doubly useful to the earnest student; and we trust many a one will consult its pages.

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THE LEGAL REGULATION OF THE MEDICAL PROFESSION.

The practice of medicine as a "business" has one peculiar feature, to which we may attribute the excessive sensitiveness as to the infringement of its rules, and the intensity of competition, passing often into animosity, proverbial among physicians. This peculiar feature is, that the amount of possible medical "business" in a given community is absolutely limited, and incapable of extension. Whether one or a dozen doctors settle in a village, the amount of sickness remains the same, except that the more skillful these rivals, actually the less is there for them to make a living from.

In no other avocation is this the case. By advertising and other arts of trade, a clothing merchant can largely increase the purchases of clothing in a locality; a lawyer can develop causes; a baker increase the consumption of baker's bread; but no one now, except in joke,

accuses a doctor of either keeping his patients sick or opposing sanitary measures.

Hence, when a new comer settles in a town, he does not build up a practice *de novo*, but every case he gets certainly diminishes the revenues of his neighbors of the guild; a good enough reason, as the world goes, for that *bellum omnium contra omnes*, which, in many a community in this land, characterizes its resident physicians.

There is no help for this, other than an appointment of physicians to the population by administrative authority (a plan current in Europe, but offensive to the theories of our government); or else, a cultivation of a sentiment of honor, productive of strictly fair dealing, and a spirit of contentment with such limited success as this course of action may yield. The only hope of seeing the latter carried into effect rests on our ability to purge the community of ignorant pretenders to science, in whose minds such sentiments could gain no foothold.

The efforts in this direction, made by the various State legislatures the past few years, are all praiseworthy in their motives, but very few, if any of them, seem to hit the mark. The severe criticisms on the act passed by the Legislature of New York, by the Central New York Medical Society (See REPORTER, January 2d, 1875), seem to show that it is not effective. The act passed last winter in New York has this winter undergone a series of amendments, which, as they will be instructive for similar legislation in other States, we shall make no apology for copying in full, from a copy of them furnished us by Dr. BAKER, of Lansing. They are as follows:—

SECTION 1. Section one of the act entitled "An act to regulate the practice of medicine and surgery in the State of New York," passed May 11, 1874, is hereby amended so as to read as follows: Every person who shall hereafter practice medicine or surgery in this State, unless such person be authorized to practice by a license or diploma from some chartered school, medical society, or State Board of Medical Examiners of some of the United States,

shall obtain, and is hereby required and directed to obtain, a certificate from the Board of Censors of some one of the medical societies of this State, either of a county medical society of the county where such person shall at the time reside, or of a State medical society, or from the State Board of Medical Examiners, which shall certify that the Board of Censors of such society, or the State Board of Medical Examiners, have examined and do find the persons named in such certificate, and to whom the same shall be issued, qualified to practice all of the branches of the medical art mentioned therein, which certificate shall be tested by the signatures of the censors or examiners holding the examination, and the seal of such society. And the person to whom such certificate, license or diploma shall be granted, shall, before he shall practice medicine or surgery in this State, cause such certificate, license or diploma to be recorded in the office of the Clerk of each county in which such person shall from time to time reside. And the Clerks of the several counties of this State shall procure and keep suitable and proper book or books, in which they shall record such certificates tested as aforesaid, and such license or diploma, whenever presented to be recorded, upon the payment to them of the same fees as required to be paid for recording conveyances of real estate, and shall index, in alphabetical order, the name of the person to whom such certificate, license or diploma shall be granted, noting therein, opposite to the name indexed, the book and page where such certificate, license or diploma is recorded, the date of the instrument and of the recording of the same.

SECTION 2. Section two of said act is hereby amended so as to read as follows: The Board of Censors of the medical society of each county in this State shall cause a printed or written notice, signed by its chairman and secretary, to be served personally upon every person practicing medicine or surgery residing in the county in which such society is located, except those who have caused to be recorded in such county such a certificate, license or diploma as described in section one as amended, of the act hereby amended, directing attention to this act, and appointing in said notice a time and place not less than twenty days nor more than thirty days after the service of said notice as aforesaid, at which said Board of Censors will convene to examine such persons as shall present themselves to be examined for such certificate as aforesaid.

And in case the person upon whom such notice shall have been served, as aforesaid, shall not appear for examination before said Board of Censors at the time and place named in said notice for the convening of said Board, nor produce to said Board a certificate of the County Clerk of said county of the recording of such certificate, license or diploma, as aforesaid, such person shall thereafter be subject to all the provisions, liabilities and penalties prescribed by this act for any violation thereof.

SECTION 3. Section three of said act is hereby amended so as to read as follows: Section 3. It is hereby declared a misdemeanor for any person to practice medicine or surgery in this State, who shall not cause to be recorded in the county where he shall reside, such certificate, license, or diploma, as described in the foregoing sections of this act, either prior to, or within twenty days after the time named for the convening of said censors, in the notice prescribed in section 2, as amended, of the act hereby amended, or who shall practice under cover of the record of a certificate, license or diploma fraudulently or illegally obtained. And any person found guilty of such misdemeanors shall be punished for the first offense by a fine of not less than fifty dollars nor more than one hundred dollars, and for any subsequent offense by a fine of not less than one hundred dollars, nor more than five hundred dollars, or by imprisonment in the county jail, not less than thirty days, or by both such fine and imprisonment.

SECTION 4. It shall be the duty of the President of the society whose board of censors has caused to be served the notice required to be served as aforesaid, to cause information to be given to the district attorney of the county in which such society is located, of any violation of this act. And it shall be the duty of said district attorney to bring all cases of the violation of this act, of which he shall receive information, before the grand jury in such county, and to prosecute the same.

SECTION 5. All fines collected under the provisions of this act shall be paid over by the district attorney, the one-half thereof to the treasurer of the society causing the information of such violation to be given, and the other half thereof to the county treasurer of such county, for the benefit of the poor of such county.

SECTION 6. All acts and parts of acts inconsistent with the provisions of this act are hereby repealed.

With these various modifications we hope the Act will prove of decided utility in that State where its provisions are much needed.

NOTES AND COMMENTS.

Hot Baths.

The following practical rules have been suggested by Prof. Lasegue:—

No hot bath ought to exceed twenty or thirty minutes in duration.

The initial temperature ought always to be lower than the final temperature.

The increase of temperature ought always to be gradual.

The maximal temperature is usually 103° , but 108° can be easily tolerated if the patient does not remain in this temperature longer than

eight or ten minutes, and that the unpleasant sensation produced by the vapor on the part of the body which is not immersed is avoided. On leaving the bath the patient goes to bed, and soon loses the sensation of unusual heat. Cold douches, which are so agreeable after hot air baths, are not well borne after hot baths.

Lasegue has found a prolonged course of hot baths very useful in chronic rheumatic arthritis. Under their influence the movements of the articulations have become less difficult and painful. A similar mode of treatment has been found useful in chronic abdominal complaints, such as protracted diarrhoea, and even in obstinate chronic bronchitis.

Temperature and Childbirth.

A physician writes to the *British Medical Journal* :—

Of the significance of a warm climate in affording its proverbial facility to childbirth, it may be sufficient to remark that the condition of body which there occurs naturally should, in a colder climate, be induced artificially; and the first thing which in general is instinctively done is to light a fire. Under the influence of a great and general activity of body, aided and sustained by an elevated surrounding temperature, labors, even in this country, are sometimes begun and ended with surprising rapidity. A person who was occupied in baking cakes, whilst standing before a large bread-oven, was suddenly taken with her first and only pain, and had barely time to kneel down in front of a chair before the child was born. This I regard as a typical case; and it is worthy of consideration whether precisely similar results might not, as a rule, be accomplished, were the mass of parturient women subjected to equally favorable conditions.

Stimulants in Pyæmia.

Mrs. Jane Grey Swisshelm has been giving reminiscences of her medical experience in the army, to the columns of the *Chicago Tribune*. She says :—

"When I went into the hospital service, in 1863, I was at once confronted with the gangrene, and called publicly for 'Lemons! Lemons! Lemons!' Soon pyæmia followed, and then I called for 'Whiskey! Whiskey!' Everything I asked for came in abundance; pyæmia treated externally with alcohol and water, friction and heat; internally with milk

punch, eggs, rich broths, cherry wine, although I have had fifty struck by the premonitory chills in one night.

"Surgeons never interfered with my treatment except when I went to them for advice, and I became so confident of success that I used to say, 'If Death wants to get a man from me, he must send some other messenger than pyæmia, for I do not recognize that creation of unskilled surgeons and incompetent nurses.' Alcohol was the basis of my remedies, and 'we praised the bridge that carried us over.'

NEWS AND MISCELLANY.

MEDICAL COLLEGE COMMENCEMENTS.

Medical Department of the University of Pennsylvania.

The annual commencement of the Medical Department of the University of Pennsylvania was held at the Academy of Music, March 12, in the presence of a large audience. At twelve o'clock, Professor Charles J. Stillé, provost of the University, accompanied by the Rev. Dr. Henry J. Morton, came upon the stage, followed by the Faculty and a number of invited guests, among whom were the Hon. Henry Carey, Wm. Welsh, Esq., Ex-Governor James Pollock, Professor Allen, President of Girard College, the Rev. Theodore M. Riley, the Rev. E. R. Beadle, Dr. Shippen, U. S. N., and Dr. Cornelius G. Comegys, of Cincinnati, Ohio.

These were followed by the Alumni Association and the graduates, who passed from the rear of the stage in procession, to the parquet, where they took seats. Music was furnished by Hassler's Orchestra. After prayer by Rev. H. J. Morton, D.D., the list of graduates was read by Prof. R. E. Rogers, and the degree of Doctor of Medicine was conferred, by Provost Charles J. Stillé on graduates from the following states :—

Pennsylvania, 64; New Jersey, 11; Delaware, 5; North Carolina, 4; New York, Tennessee, each 3; California, Maryland, each 2; Georgia, Connecticut, Texas, West Virginia, Prince Edward's Island, each 1. Total 100.

Professor Rogers then announced the award of prizes as follows: One prize of \$100, offered by the Alumni Association, and one prize of \$100, offered by Henry C. Lea, Esq., for the best essays on medical subjects, to Charles Winslow Dulles, of Pennsylvania, for an essay on Suprapubic Lithotomy, and to B. F. Lautenback, of Pennsylvania, for an essay on the Physiological Action of Hemlock and its Alkaloids. A gold medal, offered by the Demonstrator of Anatomy, Dr. H. Lenox Hodge, for the student who shall have during the year the greatest skill, care and diligence in the anatomical room, to A. W. Ransley, of Pennsylvania. A prize of \$30,

offered also by the Demonstrator of Anatomy, for the best record of anomalies found in the anatomical rooms during the year, to Samuel B. Boyd, Jr., of Tennessee.

Honorable mention was made of the essays of William Baker, of West Virginia, on Nitrous Oxide; Cicero Brodhead, of Pennsylvania, on Antimony; George H. Coburn, of New Brunswick, on Leprosy; Ulrich W. Vollmer, of Pennsylvania, on Heat; Albert M. Curry, of Connecticut, on Inflammation as an Element of Phthisis; Henry M. Fisher, of Pennsylvania, on Auscultation; Jacob W. Horts, of Pennsylvania, on Cremation; Wm. M. Meigs, of Pennsylvania, on Abdominal Aneurism, and Jesse Y. Scott, of Pennsylvania, on Valvular Diseases of the Heart.

Professor R. E. Rogers then delivered the valedictory address.

The benediction was pronounced by the Rev. Henry F. Morton, D. D., and the audience dispersed.

The Jefferson Medical College.

The annual commencement of Jefferson Medical College was held at the Academy of Music, March 11, in the presence of a large audience. At twelve o'clock the graduating class, numbering 170 members, came on the stage in procession, headed by Dr. J. R. Burden, President of the Board of Trustees, the Rev. John Chambers, D. D., the Rev. Theodore M. Riley, a number of invited guests, and the members of the Faculty of the College.

The graduates took seats in the orchestra, and the Trustees of the College, Faculty and guests were seated on the stage. Music was furnished by the Germania Orchestra, George Batbert leader.

Prayer was offered by the Rev. John Chambers, D. D., and Dr. J. B. Biddle, Dean of the Faculty, announced the names of the graduates, and the Degree of Doctor of Medicine was conferred on the graduates. They came from the following States:—

Pennsylvania, 92; Ohio, 9; New Jersey, 7; New York, 6; Tennessee, 6; Maryland, Kentucky, South Carolina, Iowa, each 4; Delaware, Missouri, Mississippi, Texas, each 3; California, Illinois, West Virginia, New Brunswick, India, Minnesota, each 2; North Carolina, Florida, Maine, Wisconsin, District of Columbia, Georgia, Kansas, Virginia, Nevada, England, each 1.

Dr. Burden then announced that the College had conferred the degree of Doctor of Law on Judge Craig Biddle, of this city.

The following prizes were then awarded:—

1. A prize of \$100, by H. C. Lea, Esq., for the best Thesis, to Reinard S. Keeler, of Pennsylvania, with honorable mention of the Theses of Harry R. O'Connor, of Pennsylvania; D. Leonard Pratt, of Pennsylvania; J. L. Gaskins, of Florida; and T. Benton Hill, of Pennsylvania.

2. The Toner Medal, by J. M. Toner, M.D., of Washington, D. C., for the best Thesis based on

original experiments, observations and researches, to Charles M. Thompson, of England.

3. A prize of \$50, by the Professor of Surgery, for the best Report of his Surgical Clinic, to Dixon C. Allen, of New Brunswick.

4. A prize of \$50, by the Professor of Obstetrics, for the best paper on the Descriptive and Relative Anatomy of the Gravid Uterus, to Thompson E. Potter, of Missouri, with honorable mention of the papers of Joseph F. Robinson, of Missouri, and A. F. Balmer, of Pennsylvania.

5. A prize of \$50, by the Professor of Practice, for the best report of Clinical Cases, to Daniel M. Appel, of Pennsylvania, with honorable mention of an essay by Eugene A. Ward, of Missouri.

6. A prize of \$50, by the Professor of Anatomy, for the best Anatomical Preparation, contributed to the museum, to Daniel M. Appel, of Pennsylvania.

7. A prize of a Pocket Operating Case, of the value of \$25, by the Demonstrator of Anatomy, for the best dissection in the anatomical room, to J. W. Pope, of Pennsylvania.

Dr. J. M. Toner, of Washington, in presenting the Toner medal to Mr. Thompson, said:—

Mr. President, Faculty and Trustees of the Jefferson Medical College, and Graduates of the class of 1875:

GENTLEMEN:—I assume the premises that as medical practitioners, we can argue and deduce correct conclusions only from facts that we know; the possession and extent of definite knowledge, with the skill and facility with which individuals use these great powers, is what distinguishes one physician from another, and determines their success.

After an active practice in my profession for a quarter of a century, and with an extensive acquaintance among the physicians of our country, I am convinced that the essential elements of character, and the acquirements that lead to success and the attainment of an elevated rank in the medical profession, are good moral principles, an earnest desire for accurate knowledge, an unswerving devotion to professional duty, and habits of careful study, with a systematic method of exact and recorded observations from which to make deductions.

Having these convictions, and being particularly desirous to encourage among the students of this College the development of such habits of thought that crave for knowledge, conditions of mind deemed essential to the good and successful physician, the medal just announced was offered. Its purpose is not only designed to awaken a taste for more extended inquiries and studies, but also to awaken the conviction among the enlightened and enterprising students that they too can do something to extend the boundaries of Medical Knowledge, by making original experiments, investigations and researches.

The young man who has acquired the sound basis of a medical education is preëminently

qualified to make original investigations. I know that this class of studies implies additional labor, but, gentlemen, there is nothing in this world worth having that can be had without labor. Indeed, drudgery is a better word, and expresses the facts and conditions more correctly, by which eminence, or even respectable standing, in any profession or department of human pursuit is attained. If this statement is erroneous, I call upon those who have attained to eminence to correct me.

The award which the faculty of the Jefferson Medical College have made of the "Toner Medal," for the year 1875, meets my entire approbation.

In handing this medal to you, Dr. Thompson, to whom it has been adjudged, I do so with feelings of great satisfaction, and with the hope that this successful effort of yours but presages the more important contributions to medical literature you will make, and the honors you will win in the profession of your choice. I wish you every success.

In making the presentations to the other graduates, Prof. E. Wallace, Dr. J. M. Da Costa, Dr. W. H. Pancoast and Dr. T. H. Andrews respectively made a few remarks, congratulating those who had won prizes, and urging them to still greater efforts in their new career.

Dr. W. B. Atkinson then presented to the College, on behalf of the Alumni Association, a portrait of Prof. Samuel D. Gross. In making the presentation, Dr. Atkinson recited the more important events of Dr. Gross' career, and paid a high tribute to his personal and professional qualities. The speaker concluded by saying that the Alumni Association looked forward ardently to the ultimate extension of the College buildings and of its educational facilities.

In receiving the portrait on behalf of the Trustees of the College, Dr. Burden made a few remarks highly laudatory of Prof. Gross. The valedictory address was then delivered by Prof. Gross. After dwelling upon the difficulties of the medical profession, and the incentives which exist at the present day for greater activity of professional life, the speaker said that the profession is literally swarming with great men. In this country alone there are upwards of fifty medical schools, and a still greater number of medical periodicals. The number of medical teachers is legion, and American practitioners rank among the foremost in the world. The profession is no longer dependent, as it was in former days, upon foreign light. The medical literature of the country is also advancing with giant strides, and is attracting universal attention in Europe. The speaker dwelt upon the special obligations which are laid upon physicians, among which he specially mentioned the necessity of being kind to the poor, and of paying particular attention to the whims and caprices of patients. There were also, he said, two things which are especially to be avoided in the sick room, levity and seriousness. A cheerful demeanor is

always proper, even when there is danger in prospect or actually existing, because it inspires confidence, and thus acts favorably upon the system.

The speaker continued and concluded as follows: "As the sinner works out his salvation with fear and trembling, so it is your business, my young friends, to be constant and firm in the fulfillment of your duties, never counting the cost, never indulging in vain regrets, and always hopeful, always pressing onward. If you do this, if you be faithful to yourselves and to your profession, the world will respect you for your consistency, while your consciences, guided by the light of reason and of science, will approve your acts, and attest the glory and majesty of your manhood reflected in the image of its Maker."

The benediction was then pronounced by Rev. Theodore M. Riley, and the audience dispersed.

The Woman's Medical College.

The twenty-third annual commencement of the Woman's Medical College of Pennsylvania took place March 11th, at Horticultural Hall, in this city.

At 12 o'clock, the corporators, faculty, and students of the College entered the hall and took seats reserved for them. Prayer was then offered by Rev. L. P. Hornberger, after which Henry Hartshorne, M. D., made an address.

Degrees were then conferred by T. Morris Perot, Esq., President of the Board of Corporators, on the following graduates: Susan R. Cooper, Mary T. Davis, A. M.; Clara Marshall and Emma K. Ogden, of Pennsylvania; Charlotte Whitehead Ross, Caroline A. Stevens and Jenny K. Govanlock Trout, of Canada; Mary A. D. Jones and Emily A. Tefft, of New York; Lizzie W. Needham and Ermina H. Pollard, of Rhode Island; Harriet A. Bottsford and Arminia V. Scott, A. M., of Iowa; Emily S. Brooke, of Nebraska; Mary Sheppard Danforth, of New Hampshire, and Lucilla H. Green, of New Jersey.

Prof. Mary J. Scarlett Dixon, M.D., then delivered the valedictory address, in which she said that a quarter of a century had just elapsed since the charter of the College by the Legislature of Pennsylvania, and that the institution has grown into fair proportions, and scattered its graduates around the world. She then adverted to the movement for the medical education of women, and said that "through progressive development came the demand for women physicians. Philadelphia responded. Boston soon followed, then New York, and, finally, Chicago, in establishing colleges for the medical education of women, while facilities for obtaining the desired knowledge were afforded in other sections of our own country, as well as in Paris, Edinburgh, London, Vienna, St. Petersburg, and especially in Zurich, that scientific city of the noble little Republic of Switzerland, each advancing as far as its form of government and state of people would permit Republican

Institutions, fostering in this, as in politics and religion, the largest liberty."

She then gave a sketch of the history of the enterprise, spoke of the new building of the Woman's Medical College, on North College avenue, which has just been completed, and referred to the donations made to the College by Isaac Barton, Dr. Dodd and Isaiah V. Williamson.

The audience were dismissed with benediction.

An orchestra was present, and played a number of selections.

ALUMNI ASSOCIATIONS.

Jefferson Medical College.

On March 10th, "the annual meeting of the Alumni Association of the Jefferson Medical College" was held.

Dr. N. L. Hatfield presided, and Dr. T. H. Andrews acted as secretary.

Dr. Addinell Hewson presented the annual report of the Executive Committee. He states that a portrait of Professor S. D. Gross has been procured by a sub-committee, of which Dr. T. H. Andrews was chairman, and will be presented to the College by Dr. W. B. Atkinson, acting in behalf of the Alumni.

The sub-committee on the building fund has been actively engaged during the year, and since the last annual report has secured subscriptions to the amount of \$76,000, making the total subscriptions \$224,000.

A circular setting forth the objects of the Alumni Association has been printed, and 30,000 copies have been distributed. There has resulted from the distribution of these circulars a large accession of members to the society over previous years. The report was adopted.

A large number of new members were elected, and the following committee on nominations was appointed: Drs. W. L. Knight, A. C. Bourronville, James Graham, and F. H. Getchell.

Drs. Addinell Hewson and F. H. Gross were appointed auditors to examine the Treasurer's accounts.

Dr. F. M. Foltz offered the following:—

WHEREAS, The question of the removal of the Jefferson Medical College to the northern or western part of the city of Philadelphia, has been mooted for some time, and we, the Alumni of the College, with pleasure and pride, witness its great prosperity and success, and feeling the warmest interest in the future, be it.

Resolved, That we respectfully recommend to the Board of Trustees that the College remain in or near its present convenient and central location, where it is alike accessible to students and faculty, and that, if necessary, the lecture rooms be enlarged and additional accommodations be provided for medical and surgical clinics. Referred to the Executive Committee.

The Committee on Nominations recommended the following officers:—

President, Professor Samuel D. Gross, Dr. Hatfield having declined re-election; Vice Presidents, Drs. W. L. Atlee, Elwood Wilson, Addinell Hewson, T. M. Foltz; Treasurer, Professor B. H. Rand; Recording Secretary, Dr. T. H. Andrews; Corresponding Secretary, Dr. R. J. Dunglison. Executive Committee—Drs. E. Wallace, W. H. Pancoast, W. B. Atkinson, J. H. Brinton, R. M. Girvin, R. M. Townsend, J. M. Barton, H. Engel, J. M. DaCosta, R. J. Lewis, W. Thomson, W. W. Keen, N. Hatfield, O. H. Allis, O. P. Rex, S. W. Gross, J. A. Meigs, A. C. Bourronville, F. F. Maury, W. L. Knight, W. H. Warder, J. C. Norris, W. W. Houseman, G. W. Johnson.

These gentlemen were unanimously elected, and the meeting adjourned.

In the evening, the retiring President, Dr. Nathan L. Hatfield, delivered the annual address, before a considerable audience, in the lecture room of the College. He began by speaking of the formation and progress of the Alumni Association, and congratulated them on the fact that the first President of the Alumni (Dr. S. D. Gross) was still with them, "in the exuberance of a rich experience and the vigor of a youth renewed."

After paying a high tribute to Professor Gross' professional and personal qualities, the speaker went on to say that the college was now pressing closely upon the end of the fiftieth year of its history, and that during the half century more than six thousand students had gone out from its halls into active practice as physicians and surgeons.

After speaking of the great difficulties and severe requirements of the profession of medicine, and the necessity of thorough training preparatory to entering it, the speaker said that a still more important work, which seems to be at the door of the Alumni Association, is the establishment of a hospital. Didactic instruction, though valuable in itself, is not enough. The physician must be trained by actual service in the sick room and the hospital. A well appointed hospital is the best training school possible, and the establishment of such an institution is the grand desideratum of the college. Its erection and endowment is a comparatively easy thing to accomplish, if the Alumni Association will but adopt the purpose, and proceed at once to put it into execution. After speaking in warm terms of the hospital of the University of Pennsylvania, the speaker expressed the belief that there were still wanting hospital accommodations in this city, and that, with such means and appliances, the faculty of Jefferson College would be enabled to maintain the front rank.

After dwelling on the dignity of the profession in olden as well as modern times, and the necessity for natural adaptation to it in the student, the speaker concluded by defining a number of the requisites for a good physician, the principal being skill, sympathy with the patient, truthfulness, honor, and a deep sense of responsibility.

Among the gentlemen present in the audience was Dr. Nathan R. Smith, of Baltimore, the only member of the original faculty of Jefferson College now living.

University of Pennsylvania.

The annual meeting of the Alumni Association of the Medical Department of the University of Pennsylvania was held at the University March 11th.

Dr. Joseph Carson presided, and welcomed the members in a brief address, in which he spoke of the difficulties through which the college had passed, and of its present prosperity.

Dr. E. Hartshorne presented the fifth annual report of the Executive Committee. After speaking in complimentary terms of the theses of the graduates of the past and present year, and of the improvements undertaken by the authorities of the college, it goes on to urge the advancement of the grade of the institution so long desired and anticipated. It also states that the library of the Medical Department has been increased by the addition of the library of Dr. Stillé, numbering 3000 volumes, and acknowledges the receipt from Isaiah V. Williamson, Esq., of property valued at \$100,000. The fund of the Medical Department now amounts to \$500,000, and the Alumni Ward Fund amounts to \$10,000. After speaking of the death of Dr. Richard M. Cooper (the first member of the Alumni Association who has died since its organization), and of Dr. George W. Norris, one of the Trustees of the School and the Professor of Clinical Surgery, to whose memory a high tribute is paid in a series of resolutions, the report concluded by proposing a plan for the establishment of local alumni associations throughout the country. The report was adopted.

An amendment to the constitution providing for the establishment of local societies in those towns throughout the country where graduates of the Institution reside, was adopted.

The tellers reported that the following officers had been elected for the ensuing year:—President, Dr. George B. Wood; Vice Presidents, Drs. Jos. Carson, Isaac Hays, Meredith Clymer, John L. Atlee; Corresponding Secretary, Dr. R. A. Cleemann; Recording Secretary, Dr. Horace Y. Evans; Treasurer, Dr. E. Rogers; Executive Committee, Drs. Hiram Corson, W. S. W. Ruschenberger, Edward Hartshorne, Wm. Hunt, Andrew Nebinger, John H. Packard, H. Lenox Hodge, James H. Hutchinson, James Tyson, William Pepper, S. S. Stryker, Wm. F. Norris, Thos. J. Yarrow, J. B. Howard Gittings, Dr. Forrest Willard, Charles D. Nancarrow, Louis Starr, C. K. J. Miller, Frank Hand, William M. Meigs; orator, Dr. Meredith Clymer.

Dr. Cornelius G. Comegys then delivered the annual address, closing with a few remarks on the necessity of having the medical profession fitly represented at the Centennial, and laudatory of Philadelphia.

After the address, the audience repaired to an

adjoining room, where a collation was served, at which the following toasts were offered: "The day we celebrate," Dr. Alfred Stillé; "Our Alma Mater," Rev. Dr. E. R. Beadle; "The Faculty of Medicine," Dr. R. A. F. Penrose; "The Class of 1875," C. H. Voight; "The Orator of the Day," Dr. C. G. Comegys; "The University Hospital," Dr. Wm. Goodell.

Philadelphia County Medical Society.

The next conversational meeting will be held Wednesday, March 24th, at 8 P. M., at the Hall of the College of Physicians.

Dr. Joseph Leidy will lecture on the "Anatomy of the Ear." The medical profession in the city are cordially invited.

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OBITUARY.

DR. GEORGE W. NORRIS.

At a special meeting of the College of Physicians, of Philadelphia, held Saturday, March 6th, 1875, the following resolutions were unanimously adopted:

Resolved, That the Fellows of the College of Physicians have, with sincere sorrow and unusual emotion, heard of the death of Dr. George W. Norris, the Vice-President of the College, which occurred on March 4th, after a long and painful illness.

Resolved, That, while submitting with reverence to the decree of Providence depriving them of one of their most esteemed associates, they cherish the consolation that regret for the loss sustained in his decease is accompanied by imperishable recollections of his personal worth.

Resolved That the Fellows of the College have been deeply impressed by the courteous and gentle bearing of their late Vice-President, by his honorable conduct and high tone in his relations with his associates, by his studious avoidance of everything incompatible with the dignity of the profession of medicine, and by his entire freedom from all invidious personal assertion, while fully appreciative of the obligations of duty.

Resolved, That they regard his life and professional career as models worthy of imitation, and as eminently illustrative of the principles which have animated the conduct of the great and the good men of our profession.

Resolved, That his memory will be ever venerated for his whole-souled devotion to the interests of the profession, for his faithful maintenance of them, and for his life-long endeavor to promote the advancement and efficiency of that profession by his personal contributions.

Resolved, That the Secretary be instructed to transmit a copy of these resolutions to the family of Dr. Norris, and that they be published in the medical periodicals of this city.

JOHN H. PACKARD,
Secretary.

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MARRIAGES.

DANTZLER—SHINGLER.—On Tuesday, March 2d, 1875, by the Rev. Mr. Hutto, at the residence of the bride's father, Dr. Manly J. D. Dantzier, of Orangeburg Co., and Miss Dora E. Shingler, daughter of Capt. George W. Shingler, of Charleston Co., South Carolina.